THE PARTY OF THE P

PTO/SB/01 (10-00)

Approve for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☑Declaration
Submitted OR
With Initial

Filing

Declaration

Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		040922.003WP
First Named Inventor		ARTEAGA, Carlos, et al.
cc	MPLE	TE IF KNOWN
Application Number	TBA	J
Filing Date	ТВА	
Group Art Unit	ТВА	
Examiner Name	ТВА	

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, fi are listed below) of the sub	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
System and Method for Remote Communication Transactions									
the specification of which	the specification of which (Title of the Invention)								
is attached hereto									
OR									
was filed on (MM/DD	as United States Application Number or PCT International								
Application Number	and	d was amended on (MM/DD/	YYY) [	(i	if applicable).				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application									
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO				
	l								
	l								
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit unde	er 35 U.S.C. 119(e) of any Unit	ted States provisional applica	ation(s) listed below.						
ApplicationNumber(s	) Filing Date (	MM/DD/YYYY)							
			numbers ar a suppleme	ental priority data	a sheet				
			PTO/SB/02	B attached here	to.				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





se type a plus sign (+) inside this box + TO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

### **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:	⊠ Custom or Bar (	er Number Code Label			OR	·	Correspondance address below	
Name							·	
Address								
Address								
City			State		ZIP	ZIP		
Country	/ Telephone						Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST IN	IVENTOR:			A petition has l	peen filed fo	r this	s unsigned inventor	
Given Family Name ARTEAGA or Surname								
Inventor's Date Signature								
Residence: City	s	tate	_   c	ountry		C	Citizenship	
Roswell GA				SA		1	USA	
Mailing Address 1100 Northmeadow Parkway								
Mailing Address Suite		-					<u>.</u>	
	State		ZIP	Country				
				!	USA			
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor								
Given Family Name FERGUSSON or Surname								
Inventor's Signature								
Residence: City State				ountry			Citizenship	
Roswell	US	-			USA			
Roswell GA USA USA  Mailing Address 1100 Northmeadow Parkway								
Mailing Address Suite 150								
	State				<del>, -</del>	Country		
	GA			P 1076			USA	
Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								



Approved for use through 10/31/2002. OMB 0651-0032

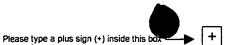
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

#### **DECLARATION**

#### **ADDITIONAL INVENTOR(S) Supplemental Sheet** Page <u>1</u> of <u>2</u>

Name of Additional	Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor									
Give	Given Name (first and middle [if any])					Family Name or Surname					
Jamie						PAINTER					
Inventor's Signature						_		Date			
Residence: City	Roswell	State_	GA	GA Country USA					USA		
Mailing Address	1100 Northmeadow	Parkway									
Mailing Address	Suite 150										
City Roswell		State	GA	ZIP 30076 Co.				USA			
Name of Additional	Name of Additional Joint Inventor, if any:							ventor			
Give	n Name (first and middle	e [if any])		$\top$	Family Name or Surname						
Robert					ORTIZ						
Inventor's Signature								Date			
Residence: City .	San Juan	State PR Country USA				Citizenship	USA				
Mailing Address	1473 Wilson Avenue			-							
Mailing Address	Suite 201										
City	San Juan S	tate	PR	Zip 00907 Cou			Co	ountry USA			
Name of Additional	loint inventor, if any:				A petitio	n has been fil	ed for	this unsigned inv	rentor		
Given Name (first and middle [if any])					Family Name or Surname						
Josean					MENDEZ						
Inventor's Signature			****	. <u>-</u>				Date			
Residence: City	San Juan	State	PR	Cou	ntry	USA		Citizenship	USA		
Mailing Address	1473 Wilson Avenue										
Mailing Address	Suite 201										
City	San Juan	State	PR		Zip	00907	C	ountry USA			

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION** 

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Additional Jo	int Inventor, if any:	☐ A petition has been filed for this unsigned inventor						for this unsigned inventor		
. Given I	Name (first and middl	lle (if any)) Far					mily	nily Name or Surname		
Jose Carlos				E	STEFAN	NIAAIN	-			
Inventor's Signature								Date		
Residence: City		State		Cou	intry	Mexico		Mexico Citizenship		
Mailing Address			<u></u>							
Mailing Address										
City	City State 2						Country			
Name of Additional Jo	int Inventor, if any:		☐ A petition has been filed for					•		
Given I	Given Name (first and middle [if any])				Family Name or Surname					
Pedro						RIVERA				
Inventor's Signature								Date		
Residence: City	San Juan	State	State PR Country USA				Citizenship USA			
Mailing Address	1473 Wilson Avenue									
Mailing Address Suite 201										
City	San Juan	State	PR	Zip	Zip 00907 Cou			untry USA		
Name of Additional Joint Inventor, if any:							his unsigned inventor			
Given î	Given Name (first and middle [if any]) Family Name or Surname						Name or Surname			
Charlie	JIME					JIMENEZ				
Inventor's Signature								Date		
Residence: City	Roswell	State	GA	Cou	ntry	USA		Citizenship USA		
Mailing Address	1100 Northmeadow Parkway									
Mailing Address	Suite 150	0								
City	Roswell	State	State GA Zip 30076 Co			ountry				

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.